

Date

Port of Miami
Credentials Section
1015 North America Way, 2nd Floor
Miami, Florida 33132

Re: Request for a Port of Miami Identification Card (POM ID)

To Whom It May Concern:

We acknowledge that in signing this letter for the request of a POM ID, the authorized party is employed by our company. Additionally, we agree that this applicant will use this POM ID only to conduct business for this company. Finally, we agree to return the POM ID immediately, upon expiration of card or termination of employment. We understand that failure to comply with the above may result in the suspension of POM ID privileges to our company.

1. Employee Information:

| | | |
|-----------|------------|------------------|
| _____ | _____ | _____ |
| Last Name | First Name | Full Middle Name |

*Note: Applicant's name must be printed as it appears in the Driver License or other Government issued ID.

| | | | |
|---------------|------------------|-----------|-------------------|
| _____ | _____ | _____ | _____ |
| Date of Birth | Driver License # | Exp. Date | State of Issuance |

2. Reason to Obtain POM ID Card:

☐ New ☐ Renewal ☐ Add Company ☐ Change of Company

☐ Damage / Mutilated ☐ Name Change ☐ Other _____

☐ Lost / Stolen Police Report # _____

3. Type of POM ID Card Being Requested:

☐ Non-Restricted Access ☐ Cargo Areas ☐ Cruise Areas

Sincerely,

Authorized Signature of Company Representative

Authorized Company Representative Name

Title

Contact Phone Number